

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LA OPTOMETRIC POLITICAL ACTION COMMITTEE (LA- 419 Hwy 165 North Oakdale, LA 71463	2. Date of this Statement <div style="text-align: center;">1/12/2016</div>	Report Number: 55941 Date Filed: 1/12/2016
Check If: New Committee _____	3. Estimated Membership <div style="text-align: center;">187</div>	
4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">GARY J AVALONE, O.D.</div> <div style="width: 30%;">Chairperson</div> <div style="width: 30%;">911 Tech Drive Ruston, LA 71270</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"></div> <div style="width: 30%;">Treasurer</div> <div style="width: 30%;"></div> </div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>12th</u> day of <u>January</u> , <u>2016</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Gary J. Avallone OD</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>318-237-5916</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>		

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

OPTOMETRY ASSOCIATION OF
LOUISIANA

419 Hwy 165 North
Oakdale, LA 71463

Administrative

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

FIRST FEDERAL OF ALLEN
PARISH

P.O. Box 706
Oakdale, LA 71463